

COMPLIANCE CHECKLIST

► Rehabilitation Therapy Department

The following Checklist is for plan review of hospital facilities, and is derived from the AIA/HHS Guidelines for Design and Construction of Health Care Facilities, 2006 Edition (specific sections indicated below), appropriately modified to respond to DPH requirements for projects in Massachusetts which include Hospital Licensure Regulations 105 CMR 130.000 and Department Policies. Applicants must verify compliance of the plans submitted to the Department with all the requirements of the AIA/HHS Guidelines, Licensure Regulations and Department Policies when filling out this Checklist., The completed DPH Affidavit Form must be included in the plan review submission for Self-Certification or Abbreviated Review Part II.

Other jurisdictions, regulations and codes may have additional requirements which are not included in this checklist, such as:

- NFPA 101 Life Safety Code (2000) and applicable related standards contained in the appendices of the Code.
- State Building Code (780 CMR).
- Joint Commission on the Accreditation of Health Care Organizations.
- CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities.
- Accessibility Guidelines of the Americans with Disabilities Act (ADA).
- Architectural Access Board Regulations (521 CMR).
- Local Authorities having jurisdiction.

Instructions:

1. The Checklist must be filled out completely with each application.
2. Each requirement line (____) of this Checklist must be filled in with one of the following symbols, unless otherwise directed. If an entire Checklist section is not affected by a renovation project, "E" for existing conditions may be indicated on the requirement line (____) before the section title (e.g. E PATIENT ROOMS). If more than one space serves a given required function (e.g. patient room or exam room), two symbols separated by a slash may be used (e.g. "E/X"). Clarification should be provided in that regard in the Project Narrative.

<p>X = Requirement is met, for new space, for renovated space, or for existing support space for an expanded service.</p> <p>E = Requirement relative to an existing suite or area that has been <i>licensed</i> for its designated function, is <i>not affected</i> by the construction project and <i>does not pertain to a required support space</i> for the specific service affected by the project.</p>	<p><input checked="" type="checkbox"/> = Check box under section titles or individual requirements lines for optional services or functions that are not included in the health care facility.</p> <p>W = Waiver requested for Guidelines, Regulation or Policy, where hardship in meeting requirement can be proven (please complete Waiver Form for each waiver request, attach 8½" x 11" plan & list the requirement reference # on the affidavit).</p>
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3. Mechanical, electrical & plumbing requirements are only partially mentioned in this checklist. Section **2.1-10** of the Guidelines must be used for project compliance with all MEP requirements and for waiver references.
4. Oxygen, vacuum & medical air outlets are identified respectively by the abbreviations "OX", "VAC" & "MA".
5. Text items preceded by bullets (▪), if included, refer to the recommendations of the Appendices of the Guidelines, and are DPH recommendations only. No symbol is expected for these items.
6. Requirements referred to as "Policies" are DPH interpretations of the AIA Guidelines or of the Regulations.
7. Reference to a requirement from the AIA Guidelines in any waiver request must include the chapter number (e.g. "**2.1-**") and the specific section number.

Facility Name:

DoN Project Number: (if applicable)

Facility Address:

Satellite Name: (if applicable)

Building/Floor Location:

Satellite Address: (if applicable)

Submission Dates:

Project Description:

Initial Date:

Revision Date:

Note: All room functions marked with "X" must be shown on the plans with the same name labels as in this checklist.

2.1- ARCHITECTURAL REQUIREMENTS**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS****5.7.2 PHYSICAL THERAPY**

☐ check if service not included in department

5.7.2.1 ☐ Individual PT treatment areas

☐ check if service not included in department

☐ privacy curtains

☐ min. 70 sf

☐ Individual PT treatment rooms

☐ check if service not included in department

☐ min. 80 sf

2.4-

4.3.1.2(4)

5.7.2.2

☐ Exercise area & facilities

5.7.2.5(1)

☐ Soiled holding room

☐ Handwashing stations

☐ Vent. min. 6 air ch./hr

☐ Handwashing station

☐ Vent. min. 6 air ch./hr

☐ Vent. 6 air ch./hr

☐ Handwashing station (Policy)

☐ within soiled holding room

or

☐ immediately adjacent to

soiled holding room

☐ Vent. min. 10 air ch./hr (exhaust)

☐ Vent. 2 air ch./hr

5.7.2.5(2)

☐ Clean linen & towel storage

☐ Storage for equipment & supplies

5.7.2.6

☐ Patient dressing areas & lockers

☐ handicapped accessible

☐ Patient shower
required by functional
program

or

☐ patient shower room

☐ handicapped

accessible

☐ Patient shower not
required by functional
program

☐ Vent. 10 air ch./hr (exhaust)

5.7.3**OCCUPATIONAL THERAPY**

☐ check if service not included in department

5.7.3.1

☐ Wheelchair accessible work areas & counters

☐ Handwashing station

5.7.3.2

☐ Area for activities of daily living

☐ space for bed table & chair

☐ kitchen counter with appliances & sink

☐ bathroom

5.7.3.4

☐ Storage for equipment and supplies

5.7.4**PROSTHETICS AND ORTHOTICS**

☐ check if service not included in department

5.7.4.1

☐ Workspace for technicians

5.7.4.2

☐ Space for evaluating and fitting

☐ Provisions for privacy

5.7.4.3

☐ Space for equipment, supplies & storage

5.7.5**SPEECH AND HEARING**

☐ check if service not included in department

5.7.5.1

☐ Space for evaluation & treatment

☐ Vent. min. 6 air ch./hr

5.7.5.2

☐ Space for equipment & storage

2.1- ARCHITECTURAL REQUIREMENTS**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS****SUPPORT AREAS**

- | | | |
|----------------|---|---|
| 5.7.6.1 | <input type="checkbox"/> Reception & control station
<input type="checkbox"/> visual control of waiting & treatment areas | |
| 5.7.6.2 | <input type="checkbox"/> Office & clerical space
<input type="checkbox"/> provision for filing & retrieval of patient records | |
| 5.7.6.3 | <input type="checkbox"/> Access to a conference/demonstration room | |
| 5.7.6.4 | <input type="checkbox"/> Storage space for wheelchairs & stretchers
<input type="checkbox"/> out of traffic | |
| 5.7.6.5 | <input type="checkbox"/> Housekeeping room
<input type="checkbox"/> conveniently accessible | <input type="checkbox"/> Service sink
<input type="checkbox"/> Vent. min. 10 air ch./hr (exhaust) |
| 5.7.7.1 | <input type="checkbox"/> Staff toilets conveniently accessible | |
| 5.7.7.2 | <input type="checkbox"/> Lockable storage for staff personal effects | |
| 5.7.8.1 | <input type="checkbox"/> Patient waiting area
<input type="checkbox"/> out of traffic
<input type="checkbox"/> space for wheelchair waiting | |
| 5.7.8.2 | <input type="checkbox"/> Patient toilet rooms
<input type="checkbox"/> wheelchair accessible | <input type="checkbox"/> Handwashing station
<input type="checkbox"/> Vent. min. 10 air ch./hr (exhaust) |

GENERAL STANDARDS**DETAILS AND FINISHES****Corridors**

▷ New Construction or Renovations for New Inpatient Corridor*

___ Min. corridor width 8'-0" (NFPA 101)

*No waivers accepted

- ___ Min. staff corridor width 5'-0" (8.2.2.1(1))
- ___ Fixed & portable equipment recessed does not reduce required corridor width (8.2.2.1(2))
- ___ Work alcoves include standing space that does not interfere with corridor width (Policy)
- ☐ check if function not included in department

Ceiling Height (8.2.2.2)

- ___ Ceiling height min. 7'-10", except:
- ___ 7'-8" in corridors, toilet rooms, storage rooms
- ___ sufficient for ceiling mounted equipment
- ___ min. clearance under suspended pipes/tracks:
- ___ 7'-0" AFF in bed/stretcher traffic areas
- ___ 6'-8" AFF in other areas

Doors (8.2.2.3)

- ___ All doors are swing-type
- ___ Doors for stretchers or wheelchairs min. 2'-10" wide
- ___ Doors to occupiable rooms do not swing into corridors
- ___ Toilet room doors are outswinging or double-acting
- ___ Emergency access hardware on patient toilet doors

Glazing (8.2.2.7)

- ___ Safety glazing or no glazing under 60" AFF & within 12" of door jamb

Handwashing Stations (8.2.2.8)

- ___ Handwashing sink
- ___ Soap dispenser
- ___ Hand drying facilities

Grab Bars (8.2.2.9)

- ___ Grab bars in all patient toilets & bathing facilities
- ___ 1½" wall clearance
- ___ 250 lb. Capacity

Floors

- ___ Thresholds & exp. joints flush with floor surface (8.2.2.4)
- ___ Floors easily cleanable & wear-resistant (8.2.3.2)
- ___ Wet cleaned flooring resists detergents

Walls (8.2.3.3)

- ___ Wall finishes are washable
- ___ Smooth/water-resist. finishes at plumbing fixtures

PLUMBING (10.1)

- ___ Handwashing sinks
- ___ hot & cold water
- ___ anchored to withstand 250 lbs. (8.2.2.8)
- ___ wrist controls or other hands-free controls at all handwashing sinks (1.6-2.1.3.2)
- ___ Medical gas outlets provided per Table 2.1-5

MECHANICAL (10.2)

- ___ Mech. ventilation provided per Table 2.1-2
- ___ Exhaust fans located at discharge end (10.2.4.3)
- ___ Fresh air intakes located at least 25 ft from exhaust outlet or other source of noxious fumes (10.2.4.4)
- ___ Contaminated exhaust outlets located above roof
- ___ Ventilation openings at least 3" above floor
- ___ Central HVAC system filters provided per Table 2.1-3

ELECTRICAL (10.3)

- ___ Emergency power provided to all essential services complies with NFPA 99, NFPA 101 & NFPA 110 (10.3.4.1)
- ___ nurses call system connected to emergency power circuits
- ___ Duplex, grounded receptacles max. 50 feet apart in corridors, max. 25 feet from corridor ends (10.3.7.1)